PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

FLT-029

CLAIMS AS FILED - PART I SMAI												R THAN	
TOTAL CLAIMS			(Colun	(Column 1)		(Column 2)		TYPE		OR	SMALL ENTITY		
			1 6	6.4		<u> </u>	-	RATE	FEE	4	RATE	FEE	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FEI	385.00	OR	BASIC FE	770.00	
T	OTAL CHARG	EABLE CLAIMS	68 1	Ø minus 20=		· H8		XS 9=	452	OR	X\$18=		
				ninus 3 =		7]	X43=	301.	OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT						j	+145=	145	OR	+290=			
•	* If the difference in column 1 is less than zero, enter "0" in column 2								1263	OR	TOTAL		
2 9 OCLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	- 10	Minus	- 6	2	·/].[X\$ 9=		OR	X\$18=		
AME	Independent	ENTATION OF M	Minus	DENIDENT	$\frac{O}{Clabb}$			X43=		OR	X86=		
		Elitario Vol. III.		PENDENT	CLAIM	/ Ll _	, <u>L</u>	+145=		OR	+290=		
•							Δ	TOTAL DDIT, FEE		OR ,	TOTAL ADDIT, FEE		
		(Column 1)		(Colum	ກ 2)	(Column 3)		DD11. FEE		, ,	ODII. FEE		
ENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOL PAID F	ER USLY	PRESENT . EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	•	Minus .	**	•	.		X\$ 9=		OR	X\$18≐		
A ME	Independent	•	Minus	***		=		X43= ·	·	OR	X86=		
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT (CLAIM	· 🗖 .	¹	+145=		OR	+290=		
							Ļ	TOTAL			TOTAL		
(Oakuma 4)												•	
J	· .	CLAIMS		(Column HIGHES	ST	(Column 3)		···	ADDI-	·		400	
	•	REMAINING AFTER AMENDMENT		PREVIOU PAID FO	ISLY	PRESENT EXTRA			TONAL		RATE	ADDI- TIONAL FEE	
şΓ	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		X43=			X86=		
	FIRST PRESE	RȘT PRESENTATION OF MULTIPLE DEPENDENT CLAIM						A43=	—— '	DR	^66=		
									ļ	OR	+290=		
~ ₩	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR AL	TOTAL DOTT. FEE		
The "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3." ADDIT. FEE													

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